

VISA Desjardins
odyssey GOLD



Travel Insurance

- Emergency Health Care Coverage
- Common Carrier Accident Coverage
- Trip Cancellation Coverage
- Baggage Coverage

Policy issued to VISA* Desjardins
Odyssey GOLD credit card holder



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™ Trademark owned by The Personal Insurance Company.

IMPORTANT NOTICE

For Emergency Health Care, you are insured only for *trips* whose duration is equal to or less than the number of days indicated in the table of coverage. For *trips* that exceed the number of days indicated, you must obtain *extended coverage from Desjardins Financial Security Life Assurance Company. The *extended coverage* must cover the entire duration of your *trip*, but you will pay only for the days of coverage not included under this insurance. If you fail to obtain *extended coverage* for Emergency Health Care, you will not be covered under this coverage during your *trip*.**

IMPORTANT TELEPHONE NUMBERS

REQUESTS FOR INFORMATION OR CLAIMS

When calling from:	Number
Anywhere in Canada and the United States	Toll free 1-800-463-1623

*APPLICATIONS FOR EXTENDED COVERAGE

When calling from:	Number
Anywhere in Canada and the United States	Toll free 1-800-463-7830

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND YOUR GUIDE-POLICY BEFORE YOU TRAVEL.

TABLE OF COVERAGE

EMERGENCY HEALTH CARE COVERAGE

Maximum age:	75
Maximum number of days of coverage:	
• age 59 or under	48 days
• age 60 to 64	23 days
• age 65 to 75	15 days
Maximum reimbursement of eligible expenses:	\$5,000,000

COMMON CARRIER ACCIDENT COVERAGE

Maximum age:	No limit
Maximum number of days of coverage:	No limit
Maximum amount of insurance:	\$1,000,000

TRIP CANCELLATION COVERAGE

Maximum age:	No limit
Maximum number of days of coverage:	No limit
Maximum amount of insurance:	
• Cancellation before departure:	\$2,000
• Delayed departure or missed connection:	\$2,000
• <i>Default of travel service supplier:</i>	\$2,000
• Early or delayed return:	unlimited

NOTE: It is possible to obtain an amount of insurance over \$2,000. Please read the relevant terms and conditions on page 20.

BAGGAGE COVERAGE

Maximum age:	No limit
Maximum number of days of coverage:	
• age 59 or under	48 days
• age 60 to 64	23 days
• age 65 or over	15 days
Maximum amount of insurance:	
• Theft or damage to baggage:	\$1,000
• Late delivery of baggage:	\$500

NOTE: All the amounts of insurance apply per trip per insured unless otherwise indicated.

IMPORTANT NOTICE

In order to travel in complete security, we recommend that prior to each *trip* you check the extent of coverage you are eligible for in view of your health. To do so, read the **Limitations for Pre-existing Medical Conditions or Injuries** on pages 28 to 30 and the **Exclusions** on pages 32 to 38. Some claims relating to a health problem you are suffering from prior to departure may be denied.

ASSISTANCE SERVICE

You must contact the Assistance Service for prior approval as soon as an *illness* or *accident* occurs outside your *province of residence*.

If you are unable to do so, a person accompanying you must contact the Assistance Service on your behalf within 24 hours of the event.

If the Assistance Service is not contacted before expenses are incurred, you will be required to pay a portion of the expenses that would have otherwise been eligible for reimbursement. This portion is equal to 20% of the first US\$2,500 of eligible expenses. For example, if the benefit would normally have been US\$500, only US\$400 will be reimbursed if you did not contact them in time.

When calling from:	Number	
Canada or the United States	Toll free	1-888-419-2495
Any other country (excluding North and South America)	Toll free	Overseas code* of the country you are calling from, followed by 800 29 48 53 99 (accessible from certain countries)
Otherwise	Call collect	514-875-2495

* You can obtain the overseas code from the operator or the telephone directory of the country you are visiting.

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The life and health insurance coverage is underwritten by:

Desjardins Financial Security
Life Assurance Company
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

- Telephone: 1-800-463-1623
- Fax: 1-866-301-7131
- www.desjardins.com/travelinsurance

In some provinces, the property insurance coverage is underwritten by:

The Personal Insurance Company
6300, boulevard de la Rive-Sud
Lévis (Québec) G6V 6P9

- Telephone: 1-800-463-6416
- Fax: 418-838-2216
- www.desjardins.com/travelinsurance

Customer service is provided by Desjardins Financial Security Life Assurance Company.

**Notice issued by the
Autorité des marchés financiers**

The Autorité des marchés financiers does not express an opinion on the quality of the product offered in this guide-policy.

This guide-policy constitutes the Travel Insurance Distribution Guide in accordance with the Act respecting the distribution of financial products and services.

Words in italics are defined in the “Definitions” section on pages 9 to 13.

The masculine gender is used for the sake of readability.

INTRODUCTION

■ What Is the Purpose of the Distribution Guide?

The Distribution Guide, which also constitutes the insurance policy, contains all the essential information you need about Travel Insurance. It will answer any questions you may have and show how Travel Insurance can meet your needs, without the presence of an insurance representative.

Travel Insurance covers only losses that occur as a result of sudden and unforeseeable events. The duration of the coverage and the amounts of insurance that apply to your contract are indicated in the table of coverage or in your *insurance application*, if you have obtained *extended coverage*.

We encourage you to read this guide-policy carefully, and draw your attention, in particular, to the **limitations, restrictions and exclusions**, indicated on pages 27 to 38. In addition, refer to pages 45 to 48 for an explanation of the procedure for submitting **claims**. Also examine the **“Limitations for Pre-existing Medical Conditions or Injuries”** on pages 28 to 30. Do not hesitate to contact your *Insurer* to check the scope of coverage for which you are eligible. You may also need to speak with your physician to obtain information regarding your health or your medical record.

■ Contract

Your insurance contract includes the following documents:

- this guide-policy;
- any rider or appendix related to contract changes or updates;
- the *insurance application*, if you obtain *extended coverage* under your insurance;
- the insurability questionnaire, where required when you obtain *extended coverage* under your insurance.

The contract takes effect on June 6, 2006 and replaces all previously issued VISA Desjardins *Odyssey* GOLD Travel Insurance contract. The terms and conditions indicated in this guide-policy apply to all coverages that commence as of June 6, 2006.

■ Definitions

Accident: A sudden and unforeseen event due to an external cause and resulting in bodily injury or death. The injury or death must be confirmed by a *physician* and be directly and solely the result of the *accident*.

Age: The age of the *insured* on the effective dates of the various coverages for the insured *trip*.

Aircraft: A fixed-wing multi-engine *aircraft* with an authorized take-off weight of no less than 4,536 kilograms. The *aircraft* must be licensed in Canada or in another country and be operated by a scheduled or charter airline with a valid Canadian Transportation Agency licence (or equivalent). Special or chartered flights authorized under any of the above licences will be covered only when made with an *aircraft* of the type regularly used by the carrier on its scheduled or charter air carrier service. All military aircraft are excluded.

Business meeting: A private meeting organized in advance as part of your full-time occupation or profession. The meeting must constitute the sole reason for the *trip*. Symposiums, conventions, assemblies, trade fairs and shows, seminars or board meetings are excluded.

Canadian resident: A person legally authorized to reside in Canada and who resides there at least six months a year.

Cardholder or **“holder”**: Individual who owns a *credit card* issued in his name and for which the annual fees have been paid.

Commercial vehicle: Any type of vehicle (air, sea or land) used for business purposes, including

revenue-producing activities or activities for which expenses may be deducted from business income or as a self-employed worker.

Common carrier: Any carrier registered with the competent authorities for the transportation (air, sea or land) of passengers.

Credit card: VISA Desjardins *Odyssey* GOLD.

Default: The voluntary or involuntary bankruptcy of the *travel service supplier*. For there to be *default*, you must be prevented from taking your *trip* as agreed. You must also have lost definitively at least some of the money that you paid for your *trip*.

Dependent child: Any child or grandchild of yours or of your *spouse* who is over 15 days old and under age 18 and who has no *spouse*. If he is a full-time student at an educational institution recognized by the competent authorities, he must be age 24 or under. In the case of a grandchild, the child must be under your direct responsibility and the child's parents must not accompany you on the *trip*.

Event: An *accident, illness* or incident which, under the terms of the contract, would normally result in the payment of one or more benefits with respect to the same *trip*. If more than one *accident*, more than one *illness* or more than one incident result from the same cause, they are considered to be one and the same *event*.

Extended coverage: Additional insurance taken out by the *cardholder* to extend the duration of the insurance offered under the **Emergency Health Care** or **Baggage** coverage, to increase the amount of insurance under the **Trip Cancellation** coverage or to take out the **Emergency Return Trip** coverage. The number of additional days taken out to extend the duration of the **Emergency Health Care** or **Baggage** coverage must cover the entire duration of the *trip*.

Family member: *Spouse*, sons, daughters, father, mother, brothers, sisters, father-in-law,

mother-in-law, grandparents, grandchildren, half-brothers, half-sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, uncles, aunts, nephews and nieces.

Hospital: A facility recognized as a hospital under legislation in effect in the country where it is located.

Host at destination: The person who will be lodging you for all or part of the *trip*.

Illness: A serious disturbance in the normal state of the organs or functions of the human body. It must occur suddenly and unexpectedly and require immediate emergency care. An *illness* must be certified by a *physician* to be recognized for the purposes of this insurance.

Insurance application: The document that the *Insurer* gives to the *cardholder* to confirm the coverage and amounts selected. The *Insurer* remits this only when *extended coverage* is granted under this insurance.

Insured: Any eligible *cardholder*, his *spouse* or *dependent children*.

Insurer: The Desjardins Financial Security Life Assurance Company. However, for property insurance provided to *insureds* in some provinces, the *Insurer* is The Personal Insurance Company.

Issuer: Entity that issues credit cards that qualify for this coverage. In this case the *issuer* is the Fédération des caisses Desjardins du Québec.

Key employee: An employee who is critical to the success of the company or the institution for which he works, together with you, and whose absence would jeopardize the main operations of the business.

Living expenses: Expenses for room and board, child care expenses for *dependent children* not accompanying you as well as certain telephone charges and taxi fares.

Loss of use: The total and permanent loss:

- a) of use of one hand **and** the wrist, or
- b) of use of one foot **and** the ankle, or
- c) of sight in one eye.

Nurse: A person authorized by law to practise the nursing profession in the region where the services are provided.

Permanent employment: Non-seasonal employment under a contract of unlimited duration and for which you are paid at least 20 hours per week.

Physician: A person authorized by law to practise medicine in the region where the medical services are provided.

Province of residence: The Canadian province or territory where you live.

Repatriation: Return, arranged by the Assistance Service, of any *insured* to his place of residence.

Short-term rental car: A *vehicle* rented from a company licensed to rent cars on a short-term basis. During a trip, an automobile acquired under a buy-sell plan is considered as a short-term rental car. A short-term rental is a rental that does not exceed 48 days.

Spouse: The *cardholder's spouse* is the person who:

- a) is married to or has entered into a civil union with the *cardholder*; or
- b) can prove that
 - he has been living conjugally with the *cardholder* for at least 12 months; **or**
 - he has been living conjugally with the *cardholder* and that they have had a child together; **and that** he and the *cardholder* have not been separated for 3 months or longer due to a breakdown of their relationship.

The *Insurer* recognizes only one *spouse*. It is not responsible for the validity of the designation of *spouse*.

Travel service supplier: Any travel agency, travel wholesaler, charter tour operator or *common carrier*.

Travelling companion: The person who is sharing *travel* arrangements with you. The *Insurer* recognizes a maximum of 3 *travelling companions*.

Trip or Travel: Any specific period of time of 182 days or less (or 365 days maximum, subject to *Insurer's* approval) that the *insured* spends outside his *province of residence*. For **Common Carrier Accident** coverage and **Trip Cancellation** coverage, the term "*trip*" or "*travel*" also applies to a *trip* taken within the *insured's province of residence*.

Vehicle: A car, motorcycle, motor home or van with a maximum load capacity of 1,000 kilograms.

1- PRODUCT DESCRIPTION

a) Types of Coverage

Travel Insurance is individual insurance offered to *cardholders*. As a *cardholder*, you are automatically covered for all the *trips* you take outside your *province of residence*. Subject to certain terms and conditions, this insurance also covers your *spouse* and your *dependent children* if they accompany you throughout their *trip*.

For **Emergency Health Care**, you are insured only for *trips* whose duration is equal to or less than the number of days indicated in the table of coverage. For *trips* that exceed the number of days indicated, you must obtain *extended coverage* from the *Insurer*. The *extended coverage* must cover the entire duration of your *trip*, but you will pay only for the days of coverage not in-

cluded under this insurance. If you fail to obtain *extended coverage* for **Emergency Health Care**, you will not be covered under this coverage.

Your Travel Insurance plan also gives you access to the Assistance Service during your *trip*.

b) Summary of Specific Conditions

■ Who Is Eligible?

To be eligible for the coverage offered under this Travel Insurance, you, your *spouse* and *dependent child*, must satisfy the following conditions:

- a) You must be a *Canadian resident* and be at least 15 days old;
- b) Your *age*, on the date of departure, must be lower than or equal to the maximum *age* indicated in the table of coverage;
- c) Your privileges as a *cardholder* must not have been suspended;
- d) Your *credit card* must not be in arrears for more than 90 days;
- e) Your *trip* must begin and end in Canada, in your *province of residence*;
- f) Your *trip* must be taken outside your *province of residence*; **this condition, however, does not apply to Common Carrier Accident coverage and Trip Cancellation coverage**;
- g) You must apply for *extended coverage* from the *Insurer* for **Emergency Health Care** if the duration of your *trip* exceeds that indicated in the table of coverage.

Also, to be eligible for Travel Insurance, the *spouse* and *dependent children* of the *cardholder* must accompany the *cardholder* throughout their trip.

For the Emergency Health Care coverage, the following condition must also be met in order for your insurance to be valid:

- You, your *spouse* and your *dependent children*, must be covered under the government health and hospitalization insurance plans of your *province of residence* for the entire duration

of the *trip*. **It is your responsibility to check with the appropriate organizations that you do, in fact, have this coverage.**

■ What Coverages Are Offered?

1. Emergency Health Care Coverage

You will be required to pay a portion of the expenses that would have otherwise been eligible for reimbursement, if the Assistance Service is not contacted before expenses are incurred. This portion is equal to 20% of the first US\$2,500 of eligible expenses.

Emergency Health Care covers the expenses incurred to obtain certain emergency medical services during your *trip*. You are insured under this coverage only for your *trips* that do not exceed the maximum number of days indicated in the table of coverage. If your *trip* exceeds the number of days indicated and you want the days of coverage offered under this insurance, you must obtain *extended coverage* from the *Insurer* for the entire duration of your *trip*. Otherwise, you will not be covered under **Emergency Health Care**.

The expenses to obtain certain emergency medical services are covered up to \$5,000,000 in the following cases:

- a) if you have an *accident* during your stay outside your *province of residence*;
- b) if you suddenly and unexpectedly become ill during your stay outside your *province of residence*.

Only the expenses that are not reimbursed by a government agency or any other private insurance plan are covered. However, these amounts should not exceed the reasonable and customary charges usually made for such care or services in the region where they were provided.

CARE AND SERVICES COVERED

Hospital services - *Hospital* room and board charges for semi-private accommodation (two-bed room) or, if your state of health requires it, private accommodation (one-bed room).

Medical care and services - The services of a *physician*, a surgeon and an anaesthetist.

Medical care and services prescribed by a *physician*

- a) Laboratory tests and X-rays.
- b) Private duty services provided by a *nurse* while confined to *hospital*.
- c) Prescription drugs (see exclusion 7 on page 33 and the limitation regarding Emergency Health Care coverage on page 28).
- d) The purchase or rental of crutches, canes, splints, or the rental of a wheelchair, a respirator or other medical or orthopaedic appliances. It is understood that the total rental cost of any of these items must not exceed the purchase price of the item.

Paramedical services - The services of a chiropractor (excluding X-rays), a podiatrist and a physiotherapist who are members in good standing of their professional association. These expenses are covered up to \$50 per treatment, for a maximum of \$250 for all these services combined.

Dental services - Emergency treatment for the repair of damage resulting directly from an accidental blow to the mouth to natural healthy teeth. The maximum reimbursement is \$3,000.

Living expenses - Reasonable *living expenses* if you must delay your return because you, a *family member* accompanying you or a *travelling companion* falls ill or is injured. The *illness* or injury must be certified by a *physician*. Child care expenses for *dependent children* not accompany-

ing you are also covered. The maximum reimbursement for *living expenses* is \$150 per day, for a total of \$1,500.

Transportation expenses

- a) Transportation to the nearest facility where you can receive appropriate medical treatment. You do not need to obtain prior approval from the Assistance Service in order to use local ground ambulance services.
- b) *Repatriation* to your place of residence to receive appropriate medical care as soon as your state of health permits. This care may include any medical consultation, examination, treatment or surgery. (Refer to exclusion 12 in this regard.)
- c) *Repatriation* to your place of residence if your *travelling companion* or a *family member* is repatriated. Expenses are covered if:
 - this *travelling companion* or *family member* is repatriated to receive appropriate care. This care may include any medical consultation, examination, treatment or surgery;
 - *repatriation* of this person prevents the *insured* from returning to his point of departure by the means of transportation originally arranged for the return trip.
- d) Round-trip economy transportation, as well as the usual fees and expenses of a qualified medical attendant. However, this person cannot be a *family member*, a friend or a *travelling companion*. This transportation will be covered only if the necessity is confirmed by the attending *physician*.
- e) Transportation of a *family member* who must leave his *province of residence* to:
 - come and identify your body in the event of your death; or
 - visit you when you are hospitalized during your *trip* for more than 7 days.

The insurance covers the cost of round-trip economy transportation by the most direct route, provided that:

- necessity for such transportation is confirmed by the attending physician;
- you are not already accompanied by a *family member* aged 18 or over.

The *family member* will also be entitled to receive up to \$500 for *living expenses*. He will be insured under this **Emergency Health Care** coverage for the duration of his visit, up to 72 hours after you are discharged from *hospital*.

- f) The cost of returning your personal or rented *vehicle*, provided that:
- a *physician* certifies that your health does not allow you to drive; and
 - no *family member* accompanying you or any *travelling companion* is able to do so;
 - this *vehicle* was used to reach your destination;
 - the *vehicle* is in good mechanical condition to make the return trip.

The maximum reimbursement under each insurance contract is \$2,000.

- g) In the event of an *insured's* death, the following expenses are covered:
- *repatriation* of the body or ashes to his usual place of residence by the most direct route;

Maximum reimbursement: **\$5,000** for transportation, and **\$3,000** (including cremation, if applicable) for preparation of the body;

- cremation or burial in the country where death occurred;

Maximum reimbursement: **\$3,000**.

To be eligible, *repatriation* must first be approved and arranged by the Assistance Service. The cost of the coffin or urn is not covered.

2. Common Carrier Accident Coverage

Under this coverage you are insured against any *accident* that occurs while you are travelling as paying passengers in a *common carrier*. **To be eligible, you must have purchased for yourself, with your *credit card*, a ticket to travel in a *common carrier*. Your spouse and your dependent children will receive the same coverage if you purchased their tickets with your *credit card* and if they accompany you throughout their trip.**

You are also covered:

- a) when boarding or leaving a *common carrier*;
- b) when you have in your possession tickets already paid for with your *credit card* and are using another means of ground transportation. This means of transportation must be operated by a carrier licensed for passenger transportation. *Insureds* use it to go to or come back from the airport, station or harbour (wharf) with the intention of using, or immediately after using, the *common carrier* for which you purchased the tickets;
- c) when you have in your possession tickets already paid for with your *credit card* and are on the grounds of the airport, station or harbour with the intention of using, or immediately after using, the *common carrier* for which you purchased the tickets.

The *Insurer* will pay a benefit to any *insured* who suffers one of the losses indicated below as a result of an *accident*. If so, the *insured* is entitled to an amount that represents a percentage of the maximum amount of insurance shown in the table of coverage. This amount applies to the *cardholder* and his *spouse* and *dependent children*, if applicable.

Accidental loss:	Percentage of the insurance amount
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• of life	100%
• of use of two of the following limbs: foot, hand or eye	75%
• of use of one of the following limbs: foot, hand or eye	50%
• of use of one thumb and index finger of the same hand	25%
• of use of one finger or one toe	10%

An *insured* ceases to be covered:

- a) when he leaves the *common carrier* for which the tickets were purchased using the *holder's credit card*;
- b) immediately following a situation described above;
- c) when he leaves a ground *common carrier*, operated by a carrier licensed for passenger transportation, that he used to come back from the airport, station or harbour (wharf) immediately after using the *common carrier* for which the tickets were purchased.

3. Trip Cancellation Coverage

Under this coverage you are insured against expenses related to the cancellation of a *trip*. The cancellation must be due to the causes indicated in this section and recognized by the *Insurer*. **The expenses eligible for reimbursement are those that were prepaid with your *credit card* for you, your *spouse* or your *dependent children*.**

Also, to be eligible, your *spouse* and your *dependent children* must accompany you throughout their *trip*.

If you want to be covered for an amount of insurance higher than that indicated in the table of coverage, you must apply for *extended coverage*. To obtain *extended coverage*, there must not be any *trip* cancellation penalty applicable at the time you apply for the *extended coverage*.

Causes of Cancellation - For the causes mentioned in subsections “a” to “g”, the *illness* or *accident* must be serious enough to prevent you from proceeding with your *trip*. In the case of a dispute, the *Insurer* also reserves the right to have the person in question examined by a *physician* of its choosing. The causes for cancellation recognized by the *Insurer* for the purposes of this coverage are as follows:

- a) You become ill, have an *accident* or die.
- b) One of your *family members* becomes ill, has an *accident* or dies.
- c) Your *travelling companion* becomes ill, has an *accident*, dies or is unable to take the *trip* due to one of the causes of cancellation stipulated in this guide-policy. Where a number of people are travelling together, only 3 *travelling companions* may claim this benefit.
- d) A *family member* of your *travelling companion* becomes ill, has an *accident* or dies. Where a number of people are travelling together, only 3 *insureds* may claim this benefit.
- e) The person for whom you are the legal guardian becomes ill, has an *accident* or dies.
- f) Your business partner, a *key employee* or your *host at destination* becomes ill, has an *accident* or dies.
- g) The *business meeting* you are scheduled to attend is cancelled. This cancellation is necessary because the person with whom prior arrangements were made becomes ill, has an *accident* or dies. Reimbursement is limited to transportation expenses and a maximum of 3 days of accommodation.
- h) You are summoned for jury duty or are subpoenaed as a witness during the time the *trip* is scheduled to take place.
- i) You are quarantined or the plane aboard which you are travelling is hijacked.
- j) The person for whom you are the estate executor dies.
- k) You are required to move more than 160 kilometres from your place of residence in the 30 days prior to your departure. This transfer is required by the employer for whom you were working on the date you purchased coverage.

- l) A disaster causes significant damage to your main residence located in your *province of residence* or to your place of business.
- m) A particular situation occurs in your destination country or region, which prompts the Canadian government to issue a travel advisory against travel to that destination. This advisory must have been issued after the date on which your plane ticket or travel package was purchased.
- n) *Default of the travel service supplier.* The *travel service supplier* must have an office in Canada and hold all the licences and operating certificates required by the appropriate Canadian authorities.
- o) The company you work for shuts down operations (lock-out), declares bankruptcy or you involuntarily lose your *permanent employment*. This cause can only be argued if:
- you had been actively working for the same employer for more than one year at the time you purchased coverage; and
 - you had no reason to believe that you would lose your job at the time you purchased coverage.
- p) Your cruise is cancelled due to a mechanical failure, grounding or quarantining of the cruise ship or it is repositioned due to bad weather. The cancellation can occur either prior to the departure date from your *province of residence*, or after this date if the cancellation occurs before the departure date of the cruise ship.
- q) If your connecting *common carrier* is delayed due to a mechanical failure, bad weather, traffic accident or the police closing the roads due to an emergency. This delay must result in you missing a connection that prevents you from continuing your *trip* as planned.

Before departure - In the event of cancellation prior to departure, this coverage provides for reimbursement of the following expenses, provided you charged them to your *credit card*, up to the maximum amount of insurance indicated in the table of coverage:

- a) *Travel* expenses paid before coverage was purchased and which are not refundable by the *travel service supplier*.
- b) Additional expenses incurred as a result of the following:
 - one of your *travelling companions* must cancel his *trip* for one of the reasons described above, and you decide to proceed with the trip as initially planned, without this *travelling companion*.

The *Insurer* will reimburse some of the cancellation fees stipulated in the *travel service supplier's* contract. These expenses are determined on the basis of the date of the event causing the cancellation or in the case of a statutory holiday, the first business day thereafter. Furthermore, reimbursement is made only if the travel agency or carrier concerned are notified on the day the cause for cancellation occurs. In the case of a statutory holiday, notification can be given on the first business day thereafter. The *Insurer's* claims department must be informed at the same time.

If your departure is delayed or if you miss a connection, the *Insurer* will reimburse the following expenses that are not reimbursed by the *travel service supplier*, provided you charged your travel ticket to your *credit card*. The maximum reimbursement corresponds to the amount of insurance indicated in the table of coverage. Eligible expenses are as follows:

- a) The additional cost of a one-way, economy-class ticket by the most direct route to the scheduled destination if you missed a connection due to any of the following reasons:
 - delay of the connecting carrier (plane, bus, train, boat, taxi or limousine), if the delay is caused by weather conditions or mechanical failure; or
 - delay of a private automobile if your delay is caused by a traffic accident or emergency road closure (in which case a police report is required).

In all cases, you must have planned to be at the point of departure at least 2 hours before the scheduled time of your departure.

- b) The additional cost of a one-way, economy-class ticket by a scheduled carrier (plane, boat, train, bus) by the most direct route. This ticket will allow you to rejoin your group for the rest of the *trip* if:
- your departure is delayed because you became ill or had an *accident*;
 - your *travelling companion* became ill or had an *accident*.
- c) Reasonable *living expenses*. The maximum reimbursement for *living expenses* is \$150 per day, for a total of \$1,500.

If you must interrupt your *trip* or delay your return, the *Insurer* will reimburse the following expenses that are not reimbursed by the *travel service supplier*, provided you charged your travel ticket to your *credit card*. Eligible expenses are as follows:

- a) The additional cost of a one-way, economy-class ticket by the most direct route for the return *trip* to your point of departure in your *province of residence*. You must, however, have paid for your original return ticket with your *credit card*. The same means of transportation as the one used to make the *trip* must be used for the return *trip*. If, because of an *illness* or an *accident*, your return is delayed by more than 7 days after the scheduled return date, the claim will be paid only upon presentation of proof of your hospitalization.
- b) Reasonable *living expenses* if you must delay your return because you, a *family member* accompanying you or a *travelling companion* falls ill or is injured. The *illness* or injury must be certified by a physician. Child care expenses for *dependent children* not accompanying you are also covered. The maximum reimbursement for *living expenses* is \$150 per day, for a total of \$1,500.

- c) The unused, non-refundable portion of the land arrangements of the *trip* (hotel reservations, car rentals, etc.) paid for with the *credit card*.

In the event of default of a travel service supplier, eligible expenses are as follows:

- a) If the *default* occurs before departure: the non-refundable *travel* expenses prepaid with your *credit card*.
- b) If the *default* occurs after departure: the unused, non-refundable portion of the *travel* expenses prepaid with your *credit card*.

(See the restrictions that apply under “**What are the Restrictions**”.)

4. Baggage Coverage

You are only insured under **Baggage** coverage for the number of days indicated in the table of coverage. If the duration of your *trip* exceeds this number of days and you want to be covered under this insurance for the entire duration of your *trip*, you must obtain *extended coverage* from the *Insurer*.

This coverage provides for compensation in the following cases:

- a) your baggage or personal effects are damaged or lost by the *common carrier* or are stolen;
- b) return of your baggage or personal effects is delayed for more than 6 hours because they were not routed as planned. This baggage must, however, have been checked with a *common carrier*.

The compensation provided under this coverage cannot exceed the amount of insurance specified in the table of coverage.

In case of theft or damage, compensation cannot exceed the following amounts:

- a) \$500 per item;

- b) \$500 for each of the following groups of items:
- jewellery, watches, or articles made of silver, gold or platinum;
 - fur or fur-trimmed items;
 - cameras and photography equipment;
 - video cameras and audio/video equipment.

In case of theft, compensation cannot exceed \$250 for all the following expenses combined: replacement of a passport, driver's licence, birth certificate or visa.

In case of delay in recovering your personal effects, the maximum amount reimbursed for toiletries and essential clothing is \$500. This amount is reimbursed only if the *insured* has not returned to his point of departure in his *province of residence*. Furthermore, the compensation paid for delayed baggage will be deducted from the total amount of insurance if a loss is subsequently ascertained.

The *Insurer* reserves the right to elect to repair or replace damaged or stolen property by items similar in nature and quality. Furthermore, the *Insurer* is liable only for the actual value of the property at the time the covered loss or damage occurred.

5. Emergency Return Trip Coverage

IMPORTANT

Emergency Return Trip coverage is not included in the Travel Insurance for VISA Desjardins Odyssey GOLD cardholders. To obtain Emergency Return Trip coverage, you must request it from the *Insurer* and pay the required premium. The *Insurer* will send you an *insurance application* confirming that you have this coverage for the duration of your *trip*.

Emergency Return Trip covers your transportation expenses to return to your *province of residence* and then rejoin the *trip*. These expenses are covered provided that:

- a) you must interrupt your *trip* for one of the following reasons:
- one of your or your *spouse's family members* dies or is hospitalized for at least 7 days;
 - the person for whom you are the legal guardian or the estate executor dies or is hospitalized for at least 7 days;
 - a disaster renders your principal place of residence uninhabitable or causes significant damage to your place of business;
- b) on the date you apply for insurance, you do not know of any reason that would prevent you from taking the *trip*;
- c) your *trip* is for 182 days or less;
- d) they are unexpected transportation costs that you incur on an emergency basis;
- e) you have **Emergency Health Care** coverage offered by the *Insurer* for the entire duration of your *trip*.

Expenses are limited to the cost of one emergency return ticket per *trip*, corresponding to round-trip economy airfare by the most direct route.

IMPORTANT

■ Limitations, Restrictions and Exclusions

WHAT ARE THE LIMITATIONS?

PRIOR COMMUNICATION WITH THE ASSISTANCE SERVICE

You must contact the Assistance Service for prior approval as soon as an *illness* or *accident* occurs outside your *province of residence*.

If you are unable to do so, a person accompanying you must contact the Assistance Service on your behalf within 24 hours of the event. If the Assistance Service is not contacted before expenses are incurred, you will be required to pay a portion of the expenses that would have otherwise been eligible for reimbursement. This portion is equal to 20% of the first US\$2,500 of eligible expenses.

LIMITATION RELATED TO THE COMMON CARRIER ACCIDENT COVERAGE

The total amount payable by the *Insurer* as a result of the same *accident* is limited to C\$10 million for all *insureds* under similar policies. If the total amount of claims submitted exceeds this limit, the total amount payable by the *Insurer* will be limited to C\$10 million. The benefits payable to each *insured* will be reduced accordingly.

LIMITATION RELATED TO EMERGENCY HEALTH CARE COVERAGE

Prescription drugs taken when you are not hospitalized are limited to a 30-day supply.

LIMITATIONS FOR PRE-EXISTING MEDICAL CONDITIONS OR INJURIES

The tables on pages 29 and 30 apply to Emergency Health Care and Trip Cancellation coverage.

If a person has more than one pre-existing medical condition or injury, the tables on pages 29 and 30 apply to each one separately. Limitations related to pre-existing medical conditions or injuries are applied in addition to the eligibility and risk selection requirements, where applicable.

For Emergency Health Care coverage, the 6- or 12-month reference period specified in the following tables starts on the actual date of your departure.

For Trip Cancellation coverage, it starts on the date you pay for your *travel* ticket in full or make your first partial payment with your *credit card*.

When you apply for *extended coverage* prior to starting a *trip*, the Limitations for Pre-existing Medical Conditions or Injuries apply based on your *age* and your health:

AGE 55 OR OVER

During the 12 months preceding the effective date of coverage

Did the *insured* have a medical condition or injury for which he:

- consulted a *physician*?
- took medication?
- was hospitalized?
- received treatment?

or was advised to do so by a *physician* or is waiting for results?

NO	YES	
Insured	Did he have this medical condition or injury more than 12 months before the effective date of coverage and has it remained stable* during this time?	
	YES	NO
	Insured	Not insured for this or any other related medical condition or injury.

* “Stable” means that the insured was not hospitalized and his treatment and dosage of medication was not changed (other than decreased). In the case of someone taking Coumadin or medication for diabetes, “stable dosage” is not a factor that is considered.

WHAT ARE THE RESTRICTIONS?

The *Insurer* is not responsible for the availability or quality of the care or services received.

No benefits are payable if the *Insurer* has refunded the premium in whole or in part before a claim is submitted.

The *Insurer's* liability is limited to \$500,000 for all the expenses incurred following the *default* of a single *travel service supplier*. It is also limited to \$1,000,000 per calendar year for all expenses incurred further to the *default* of all *travel service suppliers* combined.

For Common Carrier Accident coverage

- If the *insured* dies within 52 weeks of the *accident* as the result of the *accident*, only the accidental death benefit will be paid.
- If the *insured* sustains more than one *loss of use* as the result of an *accident*, the *Insurer* pays the highest amount of insurance from among the *losses of use* sustained.
- The *insured* will be presumed dead, if his body is not found within 52 weeks of the *accident* or if, based on the circumstances surrounding the *insured's* disappearance, it may be assumed beyond any doubt that the *insured* is dead.

WHAT ARE THE EXCLUSIONS?

The *Insurer* does not pay the amounts set out in the contract in the following circumstances: (An “X” indicates the coverage to which each exclusion applies.)

A- Baggage				
B- Common Carrier Accident Insurance				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
	X	X	X	1. If the purpose of your <i>trip</i> is to receive medical care or services, even if the <i>trip</i> is taken on the recommendation of a <i>physician</i> .
			X	2. For optional or non-emergency care, even if it is received as a result of an emergency. Care is considered optional and non-emergency if it can be obtained in your <i>province of residence</i> without endangering your life or health.
		X	X	3. For death, <i>loss of use</i> or expenses resulting from pregnancy, miscarriage, childbirth or their complications, if these expenses are incurred within 60 days prior to the normal expected delivery date.
	X	X	X	4. For death, <i>loss of use</i> or any <i>event</i> occurring while using narcotics or abusing drugs or alcohol. Drug abuse means exceeding the dosage recommended by a health specialist. Alcohol abuse means the consumption of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood.

A- Baggage				
B- Common Carrier Accident Insurance				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
	X	X	X	5. For any expenses resulting directly or indirectly from a self-inflicted injury, suicide or attempted suicide, whether or not you are aware of your actions.
		X	X	6. For expenses covered by a government agency or another insurer in accordance with the coordination of benefits provision described.
			X	7. For expenses incurred for life-sustaining drugs taken on an on-going basis, such as insulin, nitro-glycerine and vitamins.
			X	8. For expenses related to hospital services incurred outside your <i>province of residence</i> , when these services are not covered under your province's hospitalization insurance plan.
		X	X	9. For death, <i>loss of use</i> or expenses related directly or indirectly to a mental, nervous, psychological or psychiatric disorder, unless these expenses are incurred while confined to hospital for at least 24 hours.

A- Baggage				
B- Common Carrier Accident Insurance				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
X	X	X	X	10. For death, <i>loss of use</i> or any <i>event</i> occurring after departure in a region or a country that the Canadian government advised Canadians against visiting before the <i>trip</i> begins. This exclusion applies unless the <i>insured</i> or his beneficiary demonstrates that the particular situation existing in the country visited has not contributed in some way to said death, <i>loss of use</i> or <i>event</i> .
X	X	X	X	11. For death, <i>loss of use</i> or any <i>event</i> occurring while the <i>insured</i> participated in a riot or in a criminal offence.
		X	X	12. If, after the approval or recommendation of the Assistance Service, you refuse to change <i>hospitals</i> , refuse to undergo diagnostic examination, refuse the treatment prescribed by the attending <i>physician</i> or refuse to return to your <i>province of residence</i> , you will no longer be covered under your insurance.
		X	X	13. If an <i>accident</i> occurs while you are: <ul style="list-style-type: none"> gliding, hang-gliding, mountain climbing, climbing, parachuting, bungee jumping or participating in a rodeo;

A- Baggage				
B- Common Carrier Accident Insurance				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
		X	X	<ul style="list-style-type: none"> • training for or taking part in a motor vehicle competition. Note that “motor vehicle” means not only the <i>vehicles</i> defined in this policy but also includes all means of transportation that use one or more engines. • participating in sports or underwater activities as a professional (person who engages for gain in an activity as his main gainful occupation) or scuba diving as an amateur, unless you hold a basic scuba diving licence from a certified school.
		X	X	
		X	X	14. For any treatment or diagnosis of an <i>illness</i> or affliction related directly or indirectly to the human immunodeficiency virus (HIV).
			X	15. For care, treatment or surgery received for cosmetic purposes and any related complications.
		X		16. If, on the date the insurance takes effect, you were aware of the reason that would prevent you from taking or completing the <i>trip</i> .
		X		17. If this reason did not prevent you, beyond any reasonable doubt, from taking or completing the <i>trip</i> .

A- Baggage				
B- Common Carrier Accident Insurance				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
		X		18. If you take the <i>trip</i> to visit an ill or injured person whose state of health or death causes you to cancel your departure or change the originally scheduled return date.
	X			19. If death or <i>loss of use</i> occurs more than 52 weeks after the <i>accident</i> , unless the <i>insured</i> is in a coma at the end of this period; the <i>Insurer</i> will then determine the benefits payable, if any, at the end of the coma.
X				20. For the theft of animals, the damage or theft of trailers, boats, motors, aircraft (the term "aircraft" means in this case any craft capable of flight) or other means of transportation or their accessories, furniture and other furnishings, dentures, hearing aids, artificial limbs, contact lenses, eyeglasses (prescription or sunglasses) or their accessories, money, bonds, securities and documents, professional supplies or property used for an occupation, antiques and collectors' items, or illegally acquired, held, stored or transported property.

A- Baggage				
B- Common Carrier Accident Insurance				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
X				21. For damage caused by normal wear and tear, voluntary damage, gradual deterioration, insects, vermin, a manufacturing defect, or damage caused by repairs or treatments to an object, or the breaking of fragile or brittle objects.
X				22. For theft resulting from your own oversight or carelessness.
X				23. For damage or theft of an item insured under a contract issued by another insurer in accordance with the coordination of benefits provision, or for which you can request compensation from the <i>common carrier</i> .
X				24. For damage caused by radiation or radioactive contamination.
		X	X	25. For expenses incurred for the treatment of a pre-existing medical condition or injury for which you are not insured based on the limitations for pre-existing medical conditions or injuries.
		X	X	26. If you <i>travel</i> aboard an aircraft free of charge. The term "aircraft" means in this case any craft capable of flight.

A- Baggage				
B- Common Carrier Accident Insurance				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
	X	X	X	27. If you are travelling in a <i>commercial vehicle</i> of which you are the driver, pilot, a crew member or non-paying passenger. This exclusion will not apply if the aforementioned vehicle was used solely as a means of private transportation during the vacation and if the vehicle was a car or van (or truck) with a maximum load capacity of 1,000 kg; a road vehicle in which you are not travelling as a driver.
	X			28. If you are a passenger of a plane that is not considered to be a <i>common carrier</i> or that is not making a chartered flight between two airports recognized by the competent authorities, or when boarding or leaving the plane.
	X			29. If the death or <i>loss of use</i> is a result of an <i>illness</i> or infection.
		X	X	30. For expenses or compensation already paid under another coverage of this contract.
		X	X	31. If a <i>physician</i> had advised you not to travel.

■ For How Long Is the Contract in Force?

The maximum number of days of insurance of each of the Travel Insurance coverages is indicated in the table of coverage. However, for **Emergency Health Care**, you are insured only for *trips* whose duration is equal to or less than the number of days indicated in the table of coverage. For *trips* that exceed the number of days indicated, you must obtain *extended coverage* from the *Insurer*. The *extended coverage* must cover the entire duration of your *trip*, but you will pay only for the days of coverage not included under this insurance. If you fail to obtain *extended coverage* for **Emergency Health Care**, you will not be covered under this coverage.

1. Effective Date of Insurance

The effective date of insurance varies from coverage to coverage, in accordance with the provisions described below.

The **Emergency Health Care** coverage and the **Emergency Return Trip** coverage take effect on the later of the following dates:

- a) the actual departure date, that is the day on which you leave your *province of residence*.
- b) the beginning date indicated on your *insurance application*, if you have obtained *extended coverage*.

The **Common Carrier Accident** coverage takes effect when you are in one of the covered situations described in article 2 under “What Coverages Are Offered?” (page 19).

The **Trip Cancellation** coverage takes effect on the earliest of the following dates:

- a) the date on which the *trip* is paid for in full with your *credit card*;
- b) the date of the first partial payment using your *credit card*;
- c) the beginning date indicated on your *insurance application*, if you have obtained *extended coverage*.

The **Baggage** coverage starts on the actual departure date, i.e. the day on which you leave your residence.

2. Termination of Insurance

The termination of insurance varies from coverage to coverage, in accordance with the provisions described below.

The **Emergency Health Care** coverage and the **Emergency Return Trip** coverage terminate on the earlier of the following dates:

- a) the actual date you return to your *province of residence*, whether you return on your own volition or as a result of a repatriation arranged by the Assistance Service;
- b) the end date indicated on your *insurance application*, if you have obtained *extended coverage*.

The **Common Carrier Accident** coverage terminates when you cease being in one of the covered situations described in article 2 under “What Coverages Are Offered?” (pages 19 and 20).

The **Trip Cancellation** coverage terminates on the earlier of the following dates:

- a) the date of the *event* that caused the *trip* to be cancelled before your scheduled date of departure;
- b) the actual date of your return to your residence.

The **Baggage** coverage terminates on the earliest of the following dates:

- a) at midnight on the actual date of your return to your residence;
- b) after the maximum number of days of insurance indicated in the table of coverage;
- c) the end date indicated on your *insurance application*, if you have obtained *extended coverage*.

3. Extended Coverage

How can you apply for extended coverage?

The application can be made over the telephone by dialing **1-800-463-7830**.

When applying, you must provide Travel Insurance staff with:

- a) answers to any questions they may ask regarding your eligibility;
- b) any other information requested in order to issue the insurance contract.

You must pay the required premium when you make the application.

Will you have to answer any health questions?

People belonging to certain age groups who apply for *extended coverage* must answer an insurability questionnaire. The *Insurer* will advise these people in advance accordingly. They may be denied coverage if the *Insurer* considers their health risk to be unacceptable. They may also simply not be covered for certain health problems that the *Insurer* has refused to cover.

Please read the **Limitations for Pre-existing Medical Conditions or Injuries** and the **Limitations, Restrictions and Exclusions** section of this guide-policy. You will thereby find out whether *extended coverage* may be limited due to your health.

In case of doubt, consult your *physician* and the *Insurer* prior to leaving to find out whether your health may represent an unacceptable risk to the *Insurer*.

To obtain *extended coverage* under the **Emergency Health Care** or **Baggage** coverage:

- a) Your application for *extended coverage* and the payment of the premium must be received by the *Insurer* prior to the date your insurance terminates.

- b) The *extended coverage* must be taken out to cover the entire remainder of your *trip*.
- c) The *Insurer* may, however, accept your application for *extended coverage* at the latest 24 hours following the termination date of your insurance, if you can show that you were unable to submit it sooner. After this period, no applications for *extended coverage* will be accepted.
- d) Additional condition for the **Emergency Health Care** coverage: You must be covered under a government health and hospitalization insurance plan for the entire duration of the *trip* and the *extended coverage*.

Automatic Extended Coverage

You are automatically entitled to *extended coverage* of your insurance free of charge:

- a) If your return is delayed because the *common carrier* in which you are travelling as a paying passenger was delayed. The maximum *extended coverage* is 72 hours.
- b) If you are delayed because of a traffic accident or a mechanical breakdown of a vehicle aboard which you are travelling. The maximum *extended coverage* is 72 hours.
- c) If you are hospitalized and your insurance terminates while you are confined to hospital; the maximum *extended coverage* is 72 hours after you are discharged from *hospital*.
- d) If you receive a *living expense* allowance and have to delay your return because of an *illness* or *accident* covered under your insurance. The *extended coverage* is limited to 72 hours after the last of the following periods have elapsed:
 - the *living expense* allowance payment period; or
 - the hospitalization period.
- e) If you have checked your insured property with a *common carrier* and delivery is delayed, your **Baggage** coverage continues until the *common carrier* returns your property to you.

■ How Is the Cost of my Extended Coverage Calculated?

The premium is calculated based on the following:

- a) your *age* on the effective date of the coverages;
- b) the coverages selected;
- c) the duration of the trip;
- d) the additional amount of insurance taken out under the **Trip Cancellation** coverage;
- e) your health, if you belong to certain age groups.
- f) the administrative fees charged by the *Insurer* to issue Travel Insurance.

■ What You Need to Know About Premiums

When you apply for *extended coverage*, you authorize the *Insurer* to deduct the premium required to bring the coverage into force. The premium is withdrawn from a chequing account or charged to a credit card, and **is payable in a lump sum.**

■ Can the Insurer Modify the Contract?

The *Insurer* can modify this guide-policy provided the *issuer* of the *credit card* is notified in writing at least 90 days in advance.

■ Can the Insurer Cancel the Contract?

The *Insurer* may cancel the contract in any of the following situations:

- a) If you make a false statement, whether fraudulent or not;
- b) If you omit or refuse to disclose information pertaining to any of the *insureds* under your insurance contract;
- c) If you refuse to authorize the *Insurer* to use information deemed essential concerning what you knew, and which is related to the insured *events* or risks;
- d) If you refuse to change *hospitals* following the approval or recommendation of the Assistance Service, your coverage ceases immediately. Also, on approval or recommendation of the Assistance Service, coverage will immediately cease in the following cases:

- if you refuse to allow yourself to be examined for diagnostic purposes;
- if you refuse to comply with the treatment prescribed by the attending *physician*;
- if you refuse to return to your *province of residence*.

The *Insurer* can also terminate the contract if the *credit card holder* is notified in writing in advance. The contract then terminates 30 days following the receipt of such a notice. However, the coverage will remain in force for the *insured persons* already travelling outside their *province of residence* at the time the notice was sent until their return.

■ Cancellation of the Contract

Full refund

You can request that the *Insurer* cancel your *extended coverage* under Travel Insurance. You must contact the *Insurer* prior to the departure date you had indicated. Your premium will then be refunded.

Partial refund

You may receive a partial refund of your premium if you have to return earlier than expected. In this case, the *Insurer* will deduct administrative fees from the refund amount. The unused coverage period is then calculated based on the date of receipt of the refund request. The request must be submitted within two weeks following the early return date.

For example, if you return 10 days before the end of a *trip* scheduled to last 25 days, the refund would be calculated as follows:

(Premium paid) – (15 days) x (rate per day)
 administrative fees subtracted from this amount

Applicable Exclusion

In the following cases, **your premium will not be refunded**, even if you decide to cancel your *trip*:

- a) for any premium paid for the **Trip Cancellation** coverage;
- b) if you have made a claim that applies to the *extended coverage* and it was approved.

2- CLAIMS

a) Submitting a Claim

To submit a claim, first contact the *Insurer* at the following number:

When calling from:	Number
Anywhere in Canada and the United States - Toll free	1-800-463-1623

The *Insurer* will provide you with a claim form upon request.

For **Emergency Health Care** coverage, you must also provide to the *Insurer* the original invoice for care received. This invoice must include:

- a) the date on which the care was given;
- b) the name of the *insured* who received the care;
- c) the diagnosis;
- d) the description of the care dispensed;
- e) signature of the attending *physician*;
- f) the cost of the care received.

For **Trip Cancellation** coverage, you must also, depending on the type of benefits, provide one or more of the following supporting documents:

- a) the unused transportation tickets;
- b) the official receipts for the cost of the return trip (other than those for the return trip scheduled);
- c) the receipts for the land arrangements (hotel reservations, car rentals, etc.). These must include the contracts that were officially issued through the travel agency or an accredited company, and must indicate the amounts not refunded in the event of cancellation;
- d) an official document stating the cause of cancellation of your *trip*. If cancellation is due to medical reasons, you must provide a medical

certificate from the attending *physician* practising in the region where the *accident* or *illness* occurred. This medical consultation must have taken place before the date of your departure or before the date of your return, as the case may be. Furthermore, the medical certificate must indicate the complete diagnosis and specify the exact reasons why the *trip* had to be cancelled.

For **Common Carrier Accident** coverage, you must also provide all the documents requested by the *Insurer*.

For **Baggage** coverage, you must also:

- a) notify the police as soon as you become aware of the loss;
- b) notify the *Insurer* as quickly as possible;
- c) take all reasonable steps to protect, safeguard or recover your property;
- d) obtain a written statement of the theft or damage, such as a police report, or a statement from the hotel manager, tour guide or representatives of the transportation company;
- e) provide proof of the value of the property, along with a sworn statement;
- f) if your baggage is delayed, provide proof of delay of the baggage checked with the *common carrier*, as well as receipts of purchases.

For **Emergency Return Trip** coverage, you must also provide one or more of the following supporting documents:

- a) official receipts for travel expenses to and from (other than those for the return trip specified in the *insurance application*);
- b) an official document stating the reason for interrupting your *trip*. If you interrupted your *trip* for medical reasons, you must provide a medical certificate from the attending *physician* practising in the region where the *accident* or *illness* occurred. This medical consultation must have taken place during your *trip*. The medical certificate must indicate the complete diagnosis and specify the exact reasons why you need to return.

For all coverages, you must provide all the documents required by the *Insurer*, even if they are not indicated on the claim.

In all cases, you must send your claim to the *Insurer* within 90 days of the *event*. Proof and other information must be sent to the *Insurer* within 90 days of filing your claim.

The *Insurer* will pay no benefits until you or any other person entitled to receive benefits authorizes the collection and disclosure of personal information.

When you submit a claim, the *Insurer* reserves the right to have you examined by a *physician* of its choice.

For all **Baggage** claims, the *Insurer* may demand to see any damaged property or items in order to assess the damage.

b) Insurer's Reply

Once the *Insurer* has approved the claim, benefits will be paid within **30 days** of receipt of the documented evidence required.

If the *Insurer* does not approve the claim or only pays a portion of the benefit, it will send a letter to the claimant explaining the reasons for its decision. It will send the letter within **30 days** of receipt of the documents requested to examine the claim.

c) Appealing the Insurer's Decision and Recourse

If the *Insurer* does not approve your claim, you may submit additional information and request that it review your file. This option is also available to your beneficiaries or legal heirs.

Note that the law provides for a maximum of 3 years (period of prescription) within which to contest the *Insurer's* decision.

If you are a Quebec resident and want to know more about your rights, you can call the Autorité des marchés financiers at 418-525-0337 or 1-877-525-0337. You can also consult your legal advisor.

■ Benefit Payment Methods

Payment of benefits or the reimbursement of expenses incurred by an *insured* will be made by direct payment or by cheque payable to the *cardholder*. For the Common Carrier Accident Coverage, in the event of death, payment will be made to the legal heirs.

It is understood that no benefits will be paid if the *Insurer* has refunded all or part of your insurance premium before receiving your claim.

Unless otherwise indicated, all amounts specified in the insurance contract are expressed in Canadian dollars. All payments set out in this contract will be made in Canadian currency at the prevailing exchange rate on the date of the payment by the *Insurer*.

■ Coordination of Benefits

The *Insurer* takes into account any benefits and reimbursements that can be obtained from other organizations (private or public), so that the amounts paid to the *cardholder* do not exceed the expenses actually incurred. The benefits and reimbursements that can be obtained from another organization include those that would have been paid by this organization if a proper claim had been submitted to it.

The order of reimbursement or payment of benefits is established as follows:

- a) An organization that does not have a coordination of benefits provision becomes the first payer of your benefits.
- b) Otherwise, your benefits or reimbursements will be divided proportionally between the organizations, based on the amounts that should have been paid by each of them.

As well, if you do not contact the Assistance Service within the required time, you will have to pay 20% of the first US\$2,500 of eligible expenses incurred after any *deductible* has been applied.

■ **Delegation**

The *cardholder* delegates to the *issuer* of the *credit card* his right to negotiate the insurance contract as well as modifications made thereto.

■ **Right of Subrogation**

The *Insurer* automatically acquires the right to prosecute the perpetrator of the damage in your name and at its own expense, up to the amount of benefits it paid out.

3- SIMILAR PRODUCTS

There are other insurance products available on the market that provide the same coverage as that described in this guide.

4- AUTORITÉ DES MARCHÉS FINANCIERS (QUEBEC RESIDENTS ONLY)

For more information on the *Insurer's* and the distributor's obligations towards you, you can contact the Autorité des marchés financiers:

L'Autorité des marchés financiers

Place de la Cité, Tour Cominar

2640, boul. Laurier, 4e étage

Québec (Québec) G1V 5C1

Toll-free: 1-877-525-0337

Québec : 418-525-0337

Montréal : 514-395-0337

E-mail: renseignements-consommateur@lautorite.qc.ca

Web Site: www.lautorite.qc.ca

■ **How Can I Obtain More Information About Travel Insurance?**

For more information about Travel Insurance, please call the *Insurer* at one of the numbers

indicated at the beginning of this guide-policy under “Requests for Information or Claims.”

5- PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from the Company’s various financial services (insurance, annuities, credit, etc.). This information is consulted solely by DFS employees who need to do so in the course of their work.

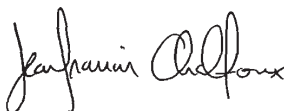
You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer
Desjardins Financial Security
Life Assurance Company
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

DFS may send information on its promotions or offer new products to those whose names appear on its client list. DFS may also give its client list to another component of the Desjardins Group for the same purposes. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.



President and
Chief Operating Officer
Desjardins Financial Security
Life Assurance Company



Senior Vice-President
AssurFinance for Institutions,
AssurDirect and Desjardins Relations
Desjardins Financial Security
Life Assurance Company



President and Chief Executive Officer
The Personal Insurance Company

6- YOUR SATISFACTION IS OUR PRIORITY!

As a responsible company that is attentive to the needs of its clients, Desjardins Financial Security wants to provide each and every one of them with products and services that meet their expectations. However, if you are dissatisfied with any of our products or services, please let us know by following the steps below.

1. Contact the person from whom you purchased the product.

Call the person who sold you the insurance. You can find the number by consulting the literature you received when you purchased the product in question. Ask for explanations. In most cases, a simple call is all it takes to get the answers you are looking for.

2. Call our Customer Service Centre.

If you are not fully satisfied with the explanations provided in step 1, contact our Customer Service Centre at 1-866-838-7584. Our staff is very familiar with our products and will certainly be able to help you.

3. Write to our Dispute Resolution Officer.

If you are not satisfied with the explanations you received from our Customer Service Centre, you may file a complaint with Desjardins Financial Security's Dispute Resolution Officer. This person's role is to assess the merits of the company's decisions and the soundness of its practices.

Please write to:

Dispute Resolution Officer
Desjardins Financial Security
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

Or email: disputeofficer@dfs.ca

You can also call the Officer at 1-877-838-8185.

For more information on the procedure to follow in the event of a problem or complaint, please visit our website at www.dfs.ca/complaint, where you can also find complaint forms.

Your satisfaction is our priority!

Helpful hints

- Make sure you have all the documents and information required to provide a detailed explanation of the problem (account statements, names of employees in question, dates, etc.).
- Write down the names of the individuals with whom you have spoken, and the dates of your conversations.
- Include your name, address and telephone number in any correspondence.

**INFORMATION REQUIRED BY THE
ASSISTANCE SERVICE**

When you contact the Assistance Service concerning a medical consultation or hospitalization, the following information must be provided:

1- Information concerning the caller

Name: _____

Telephone: _____

2- Information concerning the sick or injured person

Name: _____

Date of birth: _____

Permanent address: _____

Telephone: _____

SIN: _____

Other travel insurance: _____

3- Where can the sick or injured person be reached?

Address: _____

If in *hospital*, room no.: _____

Telephone: _____

Fax: _____

4- Attending *physician(s)* abroad

Name: _____

Telephone: _____

Fax: _____

5- What medication is the *insured* currently taking?

6- Summarize the circumstances under which the *accident or illness occurred* (What happened? When? Date of consultation or hospitalization)

SERVICES OFFERED BY THE ASSISTANCE SERVICE

The Assistance Service can be contacted at any time while your insurance is in force. The main services offered in the event of *accident* or *illness* are:

- 24-hour toll-free telephone assistance;
- referral to *physicians* or health care facilities;
- assistance with *hospital* admission;
- transportation if you require emergency care;
- *repatriation* to your city of residence, as soon as your state of health permits it;
- *repatriation* of a *travelling companion*, your *spouse* or your *dependent children*;
- settlement of formalities in the event of death;
- delivery of medical assistance and medication if you are too far from a health care facility;
- the necessary arrangements to send for a *family member* (when prescribed by the *physician*); these services are available only if you are confined to *hospital* for at least 7 days and you are not accompanied by a person aged 18 or over;
- transmission of messages to your close friends or family in the event of an emergency;
- assistance in replacing lost or stolen tickets, identification papers or official documents required to continue the *trip*;
- assistance in finding lost or stolen baggage;
- assistance in the case of language barriers;
- information prior to departure concerning passports, visas and vaccinations required in the country of destination;
- assistance in case of accidents and legal problems.



Each time you or one of the *insureds* under the contract becomes ill or has an *accident* while travelling outside the *province of residence*, the Assistance Service must be contacted immediately. The call is free and will be answered 24 hours a day. If you fail to contact the Assistance Service, you will have to pay 20% of the first US\$2,500 of expenses incurred that would have otherwise been eligible for reimbursement.

No. of the VISA Desjardins *Odyssey* GOLD card: _____

Departure date: _____ Return date: _____

Type of coverage: _____
VISA Desjardins *Odyssey* GOLD Travel Insurance

Name of your physician: _____

Tel. No.: _____
Area code + Number

Person to contact in case of emergency:

Name: _____

Tel. No.: _____
Area code + Number

TRAVEL INSURANCE

In case of an *accident* or an *illness* likely to require medical care or hospitalization abroad, you must call the Assistance Service, regardless of the time of day or night, or wherever you are in the world. Please call one of the following telephone numbers:

En cas d'*accident* ou de *maladie* pouvant nécessiter des soins médicaux ou une hospitalisation à l'étranger, vous devez communiquer avec le Service d'assistance, peu importe le lieu et l'heure, en composant le :

En caso de accidente o de enfermedad que pueda requerir asistencia médica o una hospitalización en el extranjero, tiene que comunicar con el servicio de ayuda, cualquiera que sea el lugar y la hora, llamando por teléfono al:

Canada and United States (toll free):
Canada et États-Unis (sans frais) :
En Canadá y Estados Unidos (sin costo):

1-888-419-2495

In any other country
(Except North and South America) (toll free)
Ailleurs dans le monde
(à l'exclusion des Amériques) (sans frais)
Desde otros países
(excepto América del Norte Y América del Sur) (sin costo)

Country's Overseas Area Code
Indicatif outre-mer du pays
Prefijo ultramar del país

+ 800 29 48 53 99 †

† Available in certain countries
Accessible de certains pays
Disponible en ciertos países

Otherwise, call collect:
Sinon à frais virés :
Si no a cobro revertido:

514-875-2495

* Fédération des caisses Desjardins du Québec, authorized user.